

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	TAI-15
	First Inventor	Leonid Zeygerman
	Title	LASER CUTTING INSTALLATION WITH PARTS UNLOADING UNIT
	Express Mail Label No.	EV 261304638 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>22</u>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>16</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>2</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy) (Unsigned)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Reader Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner _____ Art Unit: _____
For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: 26614 OR ☐ Correspondence address below

Name	Peter L. Costas				
Address	Pepe & Hazard LLP				
	225 Asylum Street				
City	Hartford	State	CT	Zip Code	06103
Country	USA	Telephone	(860) 241-2630	Fax	(860) 522-2796
Name (Print/Type)	Peter L. Costas	Registration No. (Attorney/Agent)	18,637		
Signature		Date	Oct. 1, 2003		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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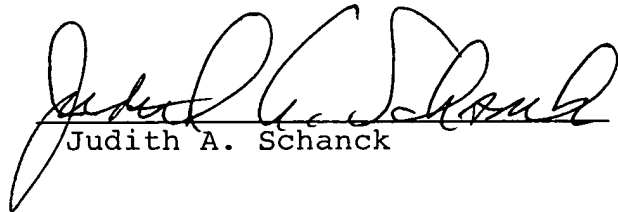


CERTIFICATE OF EXPRESS MAILING

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Date of Deposit: October 1, 2003

I hereby certify that this document or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.


Judith A. Schanck

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor Leonid Zeygerman	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$) 770.00	
Attorney Docket No. TAI-15			

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: </p> <p> Deposit Account Number: 03-3355 Deposit Account Name: Pepe & Hazard LLP </p> <p> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>				<p>FEE CALCULATION (continued)</p>			
<p>1. BASIC FILING FEE</p>				<p>3. ADDITIONAL FEES</p>			
<p>Large Entity Small Entity</p>				<p>Large Entity Small Entity</p>			
Fee Code	Fee (\$)	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001 375 Utility filing fee	770.	1051	130	2051 65 Surcharge - late filing fee or oath	
1002	330	2002 165 Design filing fee		1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1003	520	2003 260 Plant filing fee		1053	130	1053 130 Non-English specification	
1004	750	2004 375 Reissue filing fee		1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1005	160	2005 80 Provisional filing fee		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1)			(\$)	1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
<p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p>				<p>1251 110 2251 55 Extension for reply within first month</p>			
<p>Total Claims 12 -20** = <input type="text"/> X <input type="text"/> = <input type="text"/></p>				<p>1252 410 2252 205 Extension for reply within second month</p>			
<p>Independent Claims 3 -3** = <input type="text"/> X <input type="text"/> = <input type="text"/></p>				<p>1253 930 2253 465 Extension for reply within third month</p>			
<p>Multiple Dependent <input type="text"/> = <input type="text"/></p>				<p>1254 1,450 2254 725 Extension for reply within fourth month</p>			
<p>Large Entity Small Entity</p>				<p>1255 1,970 2255 985 Extension for reply within fifth month</p>			
Fee Code	Fee (\$)	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202 9 Claims in excess of 20		1401	320	2401 160 Notice of Appeal	
1201	84	2201 42 Independent claims in excess of 3		1402	320	2402 160 Filing a brief in support of an appeal	
1203	280	2203 140 Multiple dependent claim, if not paid		1403	280	2403 140 Request for oral hearing	
1204	84	2204 42 ** Reissue independent claims over original patent		1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent		1452	110	2452 55 Petition to revive - unavoidable	
SUBTOTAL (2)			(\$) 0.00	1453	1,300	2453 650 Petition to revive - unintentional	
<p>**or number previously paid, if greater; For Reissues, see above</p>				1501	1,300	2501 650 Utility issue fee (or reissue)	
<p>Other fee (specify) _____</p>				1502	470	2502 235 Design issue fee	
<p>*Reduced by Basic Filing Fee Paid</p>				1503	630	2503 315 Plant issue fee	
<p>SUBTOTAL (3) (\$) 0.00</p>				1460	130	1460 130 Petitions to the Commissioner	

<p>SUBMITTED BY</p>				<p>(Complete if applicable)</p>	
Name (Print/Type)	Peter L. Costas	Registration No. (Attorney/Agent)	18,637	Telephone	(860) 241-2630
Signature		Date	Oct. 1, 2003		

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